

Alabama Behavior Analyst Licensing Board Licensure Verification

v. March 9, 2021

SECTION I: Licensure Applicant

- 1. Complete Section I, sign, and date.
- 2. Send completed form to the state in which you now hold or have ever held a license to practice as a behavior analyst or assistant behavior analyst. A separate form must be completed for each state in which you hold or have held a license as an assistant behavior analyst or behavior analyst.

Applicant Name (Last, First, Middle)	ı	Date of Birth
Name on Licensure Records, if differ	ent than above	
Address (Street, City, State, Zip)		
License Number	Date License Issued	
I hereby authorize the or otherwise, directly to the Alabama		release all information in my file, favorable
Applicant's Signature	Date	
DO NOT WRIT	TE BELOW THIS LINE – FOR STATE LICE	NSING BOARD ONLY
2. Mail the completed form or equ	censure status and disciplinary history. uivalent letter directly to ABALB c/o DMH 1 nail to balicense.dmh@mh.alabama.gov.	100 N. Union St., Suite 536,
Type of License	License Number	Date License Issued
•	iplinary proceedings in your state or is any action een denied, surrendered, reprimanded, suspended,	· · ·
*If you answered "Yes" to any of the documentation (e.g., Board order, con	se questions, please provide a written explanation mplaint).	n below and attach a copy of all supporting
Verification completed by:		
Full Name and State of Licensing Bo	ard	
Print Name, Title		Date
	Please affix Board seal here, i	if applicable:
Signature		